

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP
	IND	DEP	IND	DEP	IND	DEP		
1	/						51	
2	/						52	
3	/						53	
4	/						54	
5	4						55	
6	4						56	
7	4						57	
8	4						58	
9	4						59	
10	4						60	
11	4						61	
12	/						62	
13	/						63	
14	/						64	
15	/						65	
16							66	
17							67	
18							68	
19							69	
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27							77	
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30							80	
31							81	
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35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	6						TOTAL IND.	
TOTAL DEP.	30	↔	↔	↔			TOTAL DEP.	↔
TOTAL CLAIMS	36	██████	██████	██████	██████		TOTAL CLAIMS	██████